MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04375

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 8 hrs 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) 303 Goldsborough St.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) B. (Last) Barclay
4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 1953

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 3-4-1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Shinnick
14. MOTHER'S MAIDEN NAME: Frances Willis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Mrs J. Martens, Mac Hale (Friend) 303 Goldsboro St. Easton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis generalized

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/11/, 1953 to 4/11/, 1953 that I last saw the deceased alive on 4/11/, 1953, and that death occurred at 9 19 pm, from the causes and on the date stated above.

SIGNATURE B. Cox (Degree or title) M D ADDRESS Easton Md DATE SIGNED 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF April 17, 1953 NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/11/53 REGISTRAR'S SIGNATURE N. H. Neerius
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1953
BUREAU V. S.

Item 18 Film G153 4-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04376

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) ~~44~~da 44da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Annes
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown RFD#1 Box 67
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Brooklyn (Middle) (Last) Broadway

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953 3:45 AM

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 3-?-51
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nelson Broadway
14. MOTHER'S MAIDEN NAME: Florence Lisa Stewart

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Beatrice Stewart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

401.0

Immediate cause (a) Peri-carditis - Rheumatic.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-5, 1953, to 4-18, 1953, that I last saw the deceased alive on 4-16, 1953, and that death occurred at 3:45 am, from the causes and on the date stated above.

SIGNATURE Pathologist (Degree or title) Schmidt, M.D. ADDRESS Carter Memorial Hosp. DATE SIGNED 18 Apr. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Apr. 19, 1953
NAME OF CEMETERY OR CREMATORY Cannichael
LOCATION (City, town, or county) Cannichael, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 4/19/53
REGISTRAR'S SIGNATURE N. H. Neeris
24. FUNERAL DIRECTOR Barton Bros. Centreville, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 4

RECEIVED
APR 24 1953
BUREAU V. S.

04377

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
STREET ADDRESS (If rural give location) Box 183

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Myrtle (Last) Greenwood

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-1-01
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Frank Bowich
14. MOTHER'S MAIDEN NAME: Ida Shores

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr Charles B. Greenwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) multiple Embolic Phenomena — Interval Between Onset And Death: 12 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) myocardial infarction — 3 weeks

DUE TO

(c) arteriosclerotic Coronary Disease — 5 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946 to 4/28/, 1953, that I last saw the deceased alive on 4/28/, 1953, and that death occurred at 4:00 PM, from the causes and on the date stated above.

SIGNATURE: B. Cox (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 4/29/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 1, 1953
NAME OF CEMETERY OR CREMATORY: Spring Hill
LOCATION (City, town, or county) (State): Easton Md

DATE REC'D BY LOCAL REGISTRAR: 4/29/53
REGISTRAR'S SIGNATURE: N. H. Neirier
24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04378

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:
COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROYAL OAK
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROYAL OAK
STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) JACOB (Middle) (Last) HODEL

4. DATE OF DEATH: (Month) APRIL (Day) 30 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: March 19 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): New York City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Hodel
14. MOTHER'S MAIDEN NAME: Sophie Steinman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: C. Edward Hoadley, Royal Oak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Immediate

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (260X)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — Years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30-, 1953, to 4-30-, 1953 that I last saw the deceased alive on 4-30-, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE Donald F. Bartley M.D. (DEGREE OR TITLE) ADDRESS G. N. Hanson St. Easton Md DATE SIGNED 4-30-53

23. ~~BURIAL~~, CREMATION ~~REMOVAL~~ (Specify): CREMATION
DATE THEREOF 5/2/53
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. Apl 30, 53
REGISTRAR'S SIGNATURE Mr Robt. L. Leeks
24. FUNERAL DIRECTOR S. Hambleton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAR 4 1953
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

04379

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: outside Trappe; LENGTH OF STAY (In this place): MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madison; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Rudell (Middle) E (Last) Keene

4. DATE OF DEATH: (Month) 4 (Day) 8 (Year) 1953

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 28 Oct 20

9. AGE last birthday: 32 yrs. If under 1 year: Months 5, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Various Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Madison, Md.

12. CITIZEN OF WHAT COUNTRY?: America

13. FATHER'S NAME: John H. Wheatley

14. MOTHER'S MAIDEN NAME: Malissa Chester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 5/1/43

16. SOCIAL SECURITY NO.: 213-16-7948

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825X

Immediate cause (a) Compound fracture skull etc.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Immed

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: hi-way

(CITY OR TOWN): near Trappe (COUNTY): Talbot (STATE): Md

TIME OF INJURY (Month) 4 (Day) 8 (Year) 53 (Hour) c2:10A

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR?: Pass. in auto accident-Route 50

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D.D.M.E. ADDRESS: Easton, Md. DATE SIGNED: 4-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: ~~4/4/53~~ 4/13/53 NAME OF CEMETERY OR CREMATORY: Smithville Cemetery LOCATION (City, town, or county) (State): Smithville, Md.

DATE REC'D BY LOCAL REG.: 4/9/53 REGISTRAR'S SIGNATURE: N.H. Nevius

24. FUNERAL DIRECTOR: Lewis H. Bo[illegible]neum ADDRESS: 201 Wash. St Camb., Md.

RECEIVED
APR 16 1953
BUREAU V. S.

Items 8,9 FilmG153 4/23/53hwh

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wiltman
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) T. (Last) Kersey
4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-1-86
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seafood
10b. KIND OF BUSINESS OR INDUSTRY: Waterman
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Kersey
14. MOTHER'S MAIDEN NAME: Ellen Vincent

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Len Kersey (Brother) Claiborne Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
493X
Immediate cause (a) Malnutrition, Dehydration — Interval Between Onset And Death: 2 Mos.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cachexia severe — 1 Mo.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2-19, 1953, to 4-15, 1953, that I last saw the deceased alive on 4-15, 1953 and that death occurred at 3.30 Am from the causes and on the date stated above.
SIGNATURE (Degree or title) [signature] ADDRESS St Michaels DATE SIGNED 4-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/17/53
NAME OF CEMETERY OR CREMATORY Olivet Cemetery
LOCATION (City, town, or county) St. Michaels (State) Md
DATE REC'D BY LOCAL REGISTRAR 4/16/53
REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR C. Hamilton Harrison ADDRESS St. Michaels Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]281

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Easton
MARYLAND
LENGTH OF STAY (in this place): 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Dor.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town): Cambridge
STREET ADDRESS (If rural give location): 116 Locust St.

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Semmes (Last) Laskowski

4. DATE OF DEATH: (Month) (Day) (Year) Apr. 9, 1953 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: Oct. 6, 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if: Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew A. Mullen

14. MOTHER'S MAIDEN NAME: Jane Semmes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: 116 Locust St., F. Arthur Laskowski, Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 170X Carcinoma Right Breast — Interval Between Onset And Death: 3yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1953, to 4-9, 1953, that I last saw the deceased alive on 4-9, 1953, and that death occurred at 4:45 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title): M. J. Buell M.D.
ADDRESS: 401 Washington Court
DATE SIGNED: 4-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr. 11, 1953
NAME OF CEMETERY OR CREMATORY: Dorchester Mem. Park
LOCATION (City, town, or county) (State): Cambridge, Md.

DATE RECD BY LOCAL REGISTRAR: 4/10/53
REGISTRAR'S SIGNATURE: M. A. Meeres
24. FUNERAL DIRECTOR: Kenneth R. Thomas, Cambridge, Md.
ADDRESS

VS. A15

APR 14 1953

Item 21 Film 1154 2-13-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4527

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Easton
LENGTH OF STAY (in this place) 13 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Carlood
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) (Last) McClaud

4. DATE OF DEATH: (Month) 4 (Day) 25 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: . | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 Immediate cause (a) ... DUE TO Fluid in Pleura. Interval Between Onset And Death 10 hr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ... DUE TO Blind - Fx of the Cervical Spine (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) all ecl
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) near Cordova (COUNTY) Talbot (STATE) Md
TIME OF INJURY (Month) 4 (Day) 24 (Year) 53 (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell asleep in bed with cigarette.

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 8:20 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) Lonnie Klatt, MD DMD
ADDRESS Easton Md
DATE SIGNED 4-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-27-53
NAME OF CEMETERY OR CREMATORY Asbury Memorial
LOCATION (City, town, or county) (State) Bethel Md
DATE REC'D BY LOCAL REGISTRAR 4/26/53
REGISTRAR'S SIGNATURE N.A. Meeres
24. FUNERAL DIRECTOR Timmons & Marshall
ADDRESS St. Michaels Md

RECEIVED
MAY 12 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 10 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Noah (Middle) E. (Last) Mullins
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1953

5. SEX: m
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Aug. 26, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Farm tenant
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr Jackson Mullins
14. MOTHER'S MAIDEN NAME: Phoeba Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Mrs Elizabeth Wright ~~Phoeba Vance~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure - Stokes Adams syndrome
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary arteriosclerosis
DUE TO

(c)

Interval Between Onset And Death (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 28, 1953, to April 7, 1953, that I last saw the deceased alive on April 7, 1953, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Thomas Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 8 Apr 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/9/53
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Red Bank N.J.
DATE REC'D BY LOCAL REGISTRAR 4/8/53
REGISTRAR'S SIGNATURE N.H. Neerus
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

APR 14 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cardine
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Denton
STREET ADDRESS (If rural give location) 307 Lincoln ST.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Murray
4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-6-16
9. AGE last birthday: 37 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Ice Business
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Raymond Murray
14. MOTHER'S MAIDEN NAME: Rebecca Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Yrhrms
17. INFORMANT & ADDRESS: Hilda Murray

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death (?)

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic glomerulo-nephritis — (?)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Apr, 1953, to 20 Apr, 1953, that I last saw the deceased alive on 20 Apr, 1953, and that death occurred at 10.20 P.m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 24 Apr 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr. 24/53 NAME OF CEMETERY OR CREMATORY Springgrove LOCATION (City, town, or county) Denton (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/21/53 REGISTRAR'S SIGNATURE N. H. Neeries
24. FUNERAL DIRECTOR J. V. Moore & Son ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MAY 1 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Janice (Middle) (Last) Pierce

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1953

5. SEX: F
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 mo Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Walter Chase
14. MOTHER'S MAIDEN NAME: Elsie Pierce

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Elsie Pierce (Mother) Cordova Md R7 no #1 Box 48

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761

Immediate cause (a) Focal atelectasis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity
DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....., that I last saw the deceased alive on ....., 19...., and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE Edward C. H. Schmidt (Degree or title) M.D. ADDRESS Canton Memorial Hosp. DATE SIGNED 18 Apr. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4/20/53
NAME OF CEMETERY OR CREMATORY Old Chapel
LOCATION (City, town, or county) (State) Cordova Md
DATE REC'D BY LOCAL REGISTRAR 4/20/53
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR John D. Williams per Ew Bacon
ADDRESS Easton, Md.

4133171403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Easton~~ Cordova
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Carl (Middle) O. (Last) Plugge
4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1953
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-4-1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Mr John Henry Plugge
14. MOTHER'S MAIDEN NAME: Catherine Myers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Augusta Plugge Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 x 0 1

Immediate cause (a) Myocardial Infarction — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic Coronary Disease — 10 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to 4/30/1953 that I last saw the deceased alive on 4/30/1953 and that death occurred at 6 p.m. from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/2/53
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Md (State)
DATE REC'D BY LOCAL REGISTRAR 5/1/53
REGISTRAR'S SIGNATURE W.H. Nevers
24. FUNERAL DIRECTOR [illegible] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
MAY 7 1953
BUREAU V! S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe R D
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Schumaker
4. DATE OF DEATH: (Month) 4 (Day) 5 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 4-5-53
9. AGE last birthday: [redacted] yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): E M H Easton Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frederick Ralph Schumaker
14. MOTHER'S MAIDEN NAME: Mary Emily Wisner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 20 min.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5-, 1953, to 4-5-, 1953 that I last saw the deceased alive on 4-5-, 1953 and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. F. Bartley M.D. Easton, Md. 4-5-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/6/53
NAME OF CEMETERY OR CREMATORY: Windy Hill Cemetery
LOCATION (City, town, or county) (State): Windy Hill, Md.

DATE REC'D BY LOCAL REG. 4/5/53
REGISTRAR'S SIGNATURE: M. H. Meeres
24. FUNERAL DIRECTOR: M. E. Newnam & Son
ADDRESS: Easton, Md.

2042 22 1240

APR 14 19

Items 11, 12, 14 Fi... 4' ... 3 whw

D.O.A.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; MARYLAND; LENGTH OF STAY (In this place) DOA; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Michael; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Doris	Ann	Skinner	April	22	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Col.	Single	July 9, 1952	yrs.	9			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): St. Michaels, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Martin Skinner

14. MOTHER'S MAIDEN NAME: Helen Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Laryngeal edema — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Sam'l Mott, Jr. (Degree or title) MD ADDRESS: Easton Md DATE SIGNED: 4-24-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/20/53 | NAME OF CEMETERY OR CREMATORY: Williamsburg | LOCATION (City, town, or county): Williamsburg (State) Md

DATE REC'D BY LOCAL REG.: 4/23/53 | REGISTRAR'S SIGNATURE: M. H. Merrick | FUNERAL DIRECTOR: Thomas A. Mansfield | ADDRESS: St. Michaels Md

20723 x 82405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. ATSA

MAY 12 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY TALBOTT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WITTMAN MD
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY TALBOTT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WITTMAN MD
STREET ADDRESS — (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) CHARLES. W. SQUIRES.

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 8 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: AUG-16-1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRIDGE KEEPER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: GEORGE SQUIRES
14. MOTHER'S MAIDEN NAME: MARG'T HOPPE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: JANE S. SQUIRES WITTMAN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

DUE TO

Antecedent cause(s) (b) Cerebral Hemorrhage — 1 yr

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c) Osteosclerosis — 5 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paralytic

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to April 1953, that I last saw the deceased alive on April 7, 1953 and that death occurred at 2:40 A.m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
[signature] DME [signature] April 8 1953

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF 4-11-53
NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM
LOCATION (City, town, or county) (State) BALTO MD

DATE REC'D BY LOCAL REG. 4-8-53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Bernard C. Harle
ADDRESS 121 E West St

Dmr

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04388

CERTIFICATE OF DEATH

Note. Reg. Dist. No. 290

1. PLACE OF DEATH:
COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Easton
MARYLAND
LENGTH OF STAY (in this place) 3yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) 2001 East Easton X

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) J. (Last) Tyler

4. DATE OF DEATH: (Month) April (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Color

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 10, 1866

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Kies

14. MOTHER'S MAIDEN NAME: Margaret Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-01-7786F

17. INFORMANT & ADDRESS: Mrs Frank Ewing, Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
191X
Immediate cause (a) DUE TO Epithelioma - Metastasized
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-17, 1953 to 4-18, 1953 that I last saw the deceased alive on 4-18, 1953, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Donald L. Bartley M.D. ADDRESS Easton, Md. DATE SIGNED 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF April 20, 1953 NAME OF CEMETERY OR CREMATORY Mem. Cathedral LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 4/20/53 REGISTRAR'S SIGNATURE M. L. Reeves

24. FUNERAL DIRECTOR ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04389

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) N Washington St.

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Dove (Last) Wallace
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: Co.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: March 11 1882
9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Talbot, Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James A. Love
14. MOTHER'S MAIDEN NAME: Rhoda Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-20-4961
17. INFORMANT & ADDRESS: James F. Wallace, Easton Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
153X
Immediate cause (a) Carcinoma of Sigmoid — Interval Between Onset And Death 18 mo
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/5/52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Sigmoid & Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26 1953 to 4/26/1953 that I last saw the deceased alive on 4/26/1953 and that death occurred at 1:15 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF April 28-53 — NAME OF CEMETERY OR CREMATORY Asbury Hall — LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR 4/27/53 — REGISTRAR'S SIGNATURE M.H. Norris

24. FUNERAL DIRECTOR — ADDRESS Easton Md

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. ~~116~~ 290

1. PLACE OF DEATH:
COUNTY Talbot MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe (Rural)
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe (Rural)
STREET ADDRESS (If rural give location) Rt. 50

3. NAME OF DECEASED: (Type or Print) (First) SADIE (Middle) MAY (Last) WEBB
4. DATE OF DEATH: (Month) APRIL (Day) 30 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-25-1885
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George B. Taylor
14. MOTHER'S MAIDEN NAME: Rosella Neighbors
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mace Webb : Trappe, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Myelogenous Leukemia	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Carcinoma of lungs	?
	DUE TO (c)	Coronary Heart Disease	3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 11, 1953, to April 30 1953, that I last saw the deceased alive on April 30, 1953, and that death occurred at 12.45 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) Lawrence Maryanov M.D
ADDRESS Cambridge Md
DATE SIGNED 5/1/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-2-1953
NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REGISTRAR 5-2-53
REGISTRAR'S SIGNATURE John Mace Jr. MD
N. N. Nevius - cmc
24. FUNERAL DIRECTOR LeCompte Funeral Service
ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1953
BUREAU V. S.

04391

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels — LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Michaels.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) E (Last) Wharton
4. DATE OF DEATH: (Month) 4, (Day) 6, (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 1, 1905
9. AGE last birthday: 48 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Royal Oak Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: E. Frank Marshall
14. MOTHER'S MAIDEN NAME: Ella Purnell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Archie D Wharton, St. Michaels Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

180 X Immediate cause (a) Metastatic carcinoma - Lungs — 6 mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypernephroma — Known 14 mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cardiac failure

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 13, 1952, to April 6, 1953, that I last saw the deceased alive on April 6, 1953 and that death occurred at 9 25 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): MD — ADDRESS: St Michaels Md — DATE SIGNED: 4-7-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/8/52 — NAME OF CEMETERY OR CREMATORY: Olivet Cemetery — LOCATION (City, town, or county): St. Michaels (State): Md

DATE REC'D BY LOCAL REG.: Apr 7, 53 — REGISTRAR'S SIGNATURE: Mrs Robert R Seth — 24. FUNERAL DIRECTOR: S. Hambleton Harrison — ADDRESS: St. Michaels Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1953
BUREAU V. S.

04392

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 296

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Talbot — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN St. Michaels

LENGTH OF STAY (in this place) 50 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Talbot Street

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Talbot

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Michaels

STREET ADDRESS (If rural, give location) Talbot Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Spry Denny Willson	April 8 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Sept. 21, 1873	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
M. Doctor		Baltimore, Maryland	U.S.A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William G.G. Willson	Mary Emma Spry Denny

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Catherine Bremer, St. Michaels Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	Immediate
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) arteriosclerotic C.V.D.	years
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.		—

22. I hereby certify that I attended the deceased from 4-8, 1953, to 4-8, 1953, that I last saw the deceased alive on 4-8, 1953, and that death occurred at 9:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Geo. Bremer M.D. St. Michaels Md 4-8-53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 10 '53	Spring Hill	Easton, Talbot Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 10, 53	Mrs Dolly L. Seth	NORMAN D. MARSHALL, ST. MICHAELS, Md.

RECEIVED
APR 13 1953
BUREAU V.S.